

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

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| 1. CIR./DIST./DIV. CODE 0981 | | 2. PERSON REPRESENTED Gustavo Garcia-Valencia | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 2:15-CR-00202-5-JCC | | 5. APPEALS DKT./DEF. NUMBER 17-30062 | |
| 6. OTHER DKT. NUMBER | | 7. IN CASE/MATTER OF (Case Name) USA v. Valencia et al | | 8. PAYMENT CATEGORY Expert Only | |
| 9. TYPE PERSON REPRESENTED Appellant | | 10. REPRESENTATION TYPE Other Types of Appeals | | | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:846=CD.F,21:846=CD.F,21:846=NP.F,18:922G.F,18:922G.F,18:922G.F,18:922G.F,18:922G.F,18:922G.F,18:922G.F,21:841A=ND.F,21:846=ND.F,21:846=ND.F,26:5861 D.F,26:5861G.F,26:5861F,26:5861F | | | | | |
| 12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS Terry Kellogg - Bar Number: 6452 P.O. Box 70819 Seattle, WA 98127 Phone: 206-491-9003 | | | 13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other (See Instructions) _____ Signature of Presiding Judge or By Order of the Court 6/7/2017 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Terrence Kellogg - TIN: XX-XXXXXX P.O. Box 70819 Seattle, WA 98127 Phone: 206-491-9003 | | | | | |

| CATEGORIES (Attach itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|--|---------------|----------------------|---------------------------|----------------------------|-------------------|
| 15. In Court | | | | | |
| a. Arraignment and/or Plea | | | | | |
| b. Bail and Detention Hearings | | | | | |
| c. Motion Hearings | | | | | |
| d. Trial | | | | | |
| e. Sentencing Hearings | | | | | |
| f. Revocation Hearings | | | | | |
| g. Appeals Court | | | | | |
| h. Other (Specify on additional sheets) | | | | | |
| (RATE PER HOUR = \$ 0.00) TOTALS | | | | | |
| 16. Out of Court | | | | | |
| a. Interviews and Conferences | | | | | |
| b. Obtaining and reviewing records | | | | | |
| c. Legal research and brief writing | | | | | |
| d. Travel time | | | | | |
| e. Investigative and other work (Specify on additional sheets) | | | | | |
| (RATE PER HOUR = \$ 0.00) TOTALS | | | | | |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc) | | | | | |
| 18. Other Expenses (other than expert, transcripts, etc) | | | | | |

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|--|--|--|--|--|--|
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 1/1/1901 TO: 1/1/1901 | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 21. CASE DISPOSITION | |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (---) (---) Have you previously applied to the court for compensation and/or reimbursement for this representation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____ | | | | | |
| 23. IN COURT COMP. \$0.00 | | 24. OUT OF COURT COMP. \$0.00 | | 25. TRAVEL EXPENSES \$0.00 | |
| 26. OTHER EXPENSES \$0.00 | | 27. TOTAL AMT. APPR/CERT. \$0.00 | | 28. SIGNATURE OF THE PRESIDING JUDGE | |
| 29. IN COURT COMP. \$0.00 | | 30. OUT OF THE COURT COMP. \$0.00 | | 31. TRAVEL EXPENSES \$0.00 | |
| 32. OTHER EXPENSES \$0.00 | | 33. TOTAL AMT. APPROVED \$0.00 | | 34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount | |
| 34a. JUDGE CODE | | CERTIFIED AMT. | | | |